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SAFELINK.
transforming victims' lives

SAFELINK

“In my way...”

Evaluation Of Learning Disabilities
Sexual Abuse Support Services

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I’ve always been clear that protecting the most vulnerable from harm is not something the Police can do alone, it takes collaboration between providers, agencies, their service users and communities.



This report proves that when given the space to collaborate, great things happen. We are fortunate to have a strong sexual violence sector in Avon and Somerset and I think that is reflected in the success of both the initial bid to the Home Office Violence Against Women and Girls (VAWG) Transformation Fund, and the findings of this report. I was truly delighted that my office was awarded this funding to work with Safe Link and Womankind over the life of the project and am immensely proud to now reflect on its achievements.

This funding provided us with both the challenge and opportunity to do things differently. Faced with ever increasing demand for support this was not simply about service continuity or capacity but transformation, and the findings of this independent evaluation show that we have achieved real change.

Fundamental to this project has been the difference made to the service users directly supported by the ISVA and befriending services. The outcomes and quotes speak for themselves; each one demonstrating truly life changing improvements for victims, their families and communities. Added to this are the systemic changes that the project has achieved by working across sectors to improve the identification and support of victim-survivors with needs linked to mental-ill health and/or learning disabilities.

Beyond this, I think this report gives many agencies – including the Police – food for thought in terms of how well victims are identified, supported and empowered to live safe and happy lives, free from abuse.

My challenge now to anyone reading this evaluation is to continue to reap the benefits of the Home Office’s investment by learning more, listening to victim-survivors and developing your practices to ensure that we can successfully protect the most vulnerable from harm.

Sue Mountstevens
Police and Crime Commissioner for Avon and Somerset

→ Executive summary: SAFE Link's Learning Disabilities ISVA service

- SAFE Link currently operates a programme of services across the Avon and Somerset Police Authority Area offering practical and emotional support to female, male, and child victims of rape and sexual abuse.
- In April 2017, SAFE Link launched an Independent Sexual Violence Advisor (ISVA) service for survivors with LD. Alongside supporting clients, the ISVA role has an educational function within the wider care community sector.
- This evaluation shows that since its launch, up until the time of writing, the service supported 41 clients with a range of presenting LD. Clients were mostly aged 21-40 (average 34). Most were heterosexual and White British.
- The most common form of assault was rape (46.3%) and in many cases the perpetrator was a friend or acquaintance. At least one client experienced violence in their supported accommodation.
- All clients experienced additional vulnerabilities: over half had mental health disorders (e.g., depression, 21.7%). Over half reported concurrent abuse, often related to their LD (e.g., hate crime). Many were reliant on benefits and faced significant financial difficulties.
- The most common types of support the ISVA provided were with the CJS and with healthy relationships. With the ISVA's support, most clients (85%) reported to the police. Eleven cases went to trial and four resulted in convictions.
- The ISVA supported clients through police interviews, making sure intermediary support was in place, and that interviews could be done over several sessions at a suitable pace, with questioning adapted to their communication needs. The ISVA ensured that client capacity was properly assessed and recognised, and that their wishes and best interests were central to any decisions made. She also supported clients through potentially retraumatising court processes.
- As part of safety-planning, the LD ISVA paced discussions about healthy relationships and sex education. For some clients, no one had spoken to them about healthy relationships before.
- Cope and recover outcomes showed a marked percentage change from t1 (before ISVA's support) to t2 (case closure) in all domains: improved health and wellbeing (56.6% increase); increased safety and perception thereof (43.5% increase); reintegration (28.2% increase); feeling informed (66.6% increase) and improved experience of CJS (36.5% increase).
- Client interviews supported these findings: clients said the ISVA service improved their health and wellbeing through enduring emotional support; that she provided clear and consistent communication, adapted to their needs; she led them to integrate into their communities and gain confidence; and that they would recommend the service to others. Feedback from carers and parents showed that the ISVA service provided unique and much valued support.
- 15 services completed a survey on what they thought about the ISVA role: all agreed or strongly agreed that the service empowered client(s) to make informed choices following their experience of sexual violence; led to client(s) engaging, coping, and recovering from their sexual violence experience; led to better coordination of care; and raised awareness around the issue and on how best to adapt communication with survivors with LD.
- Almost all respondents agreed or strongly agreed that the service had a clear referral pathway and a clear role, responsibility, and support package. All agreed or strongly agreed that it met an unmet need for people with LD; improved information-sharing between agencies/services; led to fewer clients falling through gaps in services; worked well in partnership with their service /agency; and had regular and clear communication with their service/agency.

- The evaluation demonstrates the service is successful and has broken new ground in the support and protection of survivors with LD. By having a dedicated ISVA it has raised the profile of rape and sexual abuse within the LD community and given survivors a clear message that their experience matters.
- A key learning is that the role of an LD ISVA encompasses more activities and tasks than a generic ISVA. It is much wider than supporting the survivor, with family/carers and professionals all requiring intervention. Raising awareness, challenging assumptions, and presenting alternative viewpoints requires diplomacy and compassion.
- There is still much work to be done with police and CJS to improve their understanding and response to survivors with LD. There are pockets of good practice, but overall survivors with LD do not fare well in the CJS.
- The emotional impact of rape and sexual assault cannot be over emphasised. For a survivor with LD, the experience is compounded by communication and comprehension issues and they can face discrimination when they ask for help. The interplay of these factors makes the post of an LD ISVA even more essential as an effective and inclusive response to rape and sexual abuse.

→ Background to the evaluation

In 2017 SAFE Link in partnership with Womankind was awarded Home Office Violence Against Women and Girls (VAWG) Transformation Fund funding (applied for on our behalf by Avon and Somerset Police and Crime Commission). SAFE Link was funded to provide a specialist Learning Disabilities ISVA and Womankind was funded to provide a specialist befriending service.

The partnerships aim was to work together to improve lives and build resilience for the most vulnerable victims of sexual assault who have additional needs linked to either learning difficulties or mental ill-health across Avon & Somerset.

VAWG funded a 0.5 FTE learning Disabilities ISVA at SAFE Link and a 0.5 FTE Befriending Coordinator at Womankind for 3 years.

An added aim of the project was to transform partnership working. The project aspired to raise awareness about the number and needs of survivors with Learning Disabilities or mental health issues; to establish clear pathways between services/agencies; and to share expertise across sexual violence, Learning Disability, and mental health sectors.

To reflect the complexity of the work carried out by each organisation the evaluation was in two parts. This evaluation is looking at the impact of the SAFE Link service. If you would like to see the evaluation of the Womankind service, or a combined copy of both please contact us.

We would like to thank everyone that contributed to the evaluation in particular the victims who used our services.

1 Introduction

1a Background

Avon and Somerset has a population of 1.6 million. **Over 10% has a learning disability (LD).**

People with LD are particularly vulnerable to rape and sexual abuse and are disproportionately likely to be sexually abused and sexually assaulted compared with people without such disabilities. **Reported sexual abuse incidents increased 15% in Avon and Somerset in 2017.**

Incidence of rape and sexual abuse of people with disabilities may be as much as 4x higher than it is within the non-disabled population. People with LD are at the highest risk of abuse. Research (Withers and Morris, 2012) suggests that **between 25-50% of adults with LD have been sexually exploited.**

People with LD who experience sexual abuse experience similar consequences to people in the general population. Survivors can additionally display an increase in ‘stereotypic’ behaviours associated with their LD, such as repetitive rocking.

Despite all this, the barriers they can face when trying to seek help means they often remain hidden and unsupported. Previous work (Douglas and Cuskelly, 2012; Olsen and Carter, 2016; Olsen et al. 2017) has shown

- Staff at sexual violence services, such as sexual assault referral centres (SARCs), feel they lack knowledge, confidence, and training around how to recognise LD and to appropriately respond to survivors’ needs.
- Staff also (wrongly) assume that survivors with LD will have access to specialist support for times of crisis.
- Staff want people with specialist knowledge to accompany and support survivors.
- Service providers often refer people with LD to other services because they feel they lack the

skills to support them. Survivors say this is like being in a ‘revolving door’, continually being referred from one service to another.

- Survivors who feel unable to access mainstream services or receive support report that this leaves them feeling misunderstood and disbelieved.

Police and court processes pose more barriers (Beckene et al., 2017; Green, 2001; Ministry of Justice, 2011). **Survivors with LD are over-represented in cases that do not make it through the criminal justice system (CJS).** There are a range of reasons. Police may be reluctant to take a statement from the alleged survivor if they believe that the Crown Prosecution Service (CPS) is likely to reject the case because of witness’ LD. Police also have trouble diagnosing LD and meeting the person’s needs. For example, people with LD have cognitive and communication tendencies that might make standard police interviewing inappropriate and thus call for adaptations.

If cases do make it through to court, **courts can still reject a case on the assumption that survivors with LD lack capacity and/or competence, that they are unreliable witnesses, or that they will not cope with court proceedings.** However, research has shown that with the right support and adaptations, such as from an LD ISVA, survivors with LD can successfully give evidence and cope with court proceedings.

1b The LD Independent Sexual Violence Advisor (ISVA) service

ISVAs provide victims with information, advice, support, and guidance, specifically tailored to their needs. ISVAs provide crisis intervention and non-therapeutic support from time of referral, information and assistance through the CJS if requested, practical support and advice (e.g., with housing and finance). They work with partner agencies to ensure service planning is co-ordinated. Their remit is to help victims make the transition to survivor (Robinson and Hudson, 2011).

The LD ISVA service was launched in 2017 with the aim of providing specialist support to enable survivors to

- Tell their story in the way best for them
- Have help with benefits
- Have help with housing
- Have help with reporting to the police if they wish
- Learn about healthy relationships

- Have help to start putting their life back together
- To access specialist support

The ISVA role also had an educational element in the wider care community –sharing information and resources on how best to support survivors of sexual violence with LD.

Below is a summary of a typical day for the ISVA

A day in the life of an ISVA	
08.30:	Started in office. sent a referral and safeguarding update from previous day's appointments. Then head off to my first appointment.
09.30:	Picked up client with mild learning disability, psychosis, and complex PTSD from home and drove to police interview suite for a familiarisation visit and intermediary assessment. Reminded her of what would happen; checked she was happy to go ahead; looked at 'who's who' booklet that her Speech and Language Therapist compiled to remind her of who we were meeting today. Checked understanding and then headed to appointment. Client hadn't slept well due to nightmares and flashbacks, so we agreed on a safe word for if she needed to suddenly leave. Had a look around, and client sat in interviewee seat to see how it felt. Showed her the building so she could get her bearings. Then met with intermediary. Client suddenly became very anxious, so I requested a break and went outside with her. Reminded her who was who and why we were there. Did some grounding exercises and then headed back inside. Intermediary then did an assessment. Afterwards I dropped her off at her local LD support service where I checked she would have access to support for rest of day.
11.30:	Visited another client with severe LD and autism at her activities group. Wanted to keep appointment

(based on a previous assessment of her needs) while still getting her views and consent. Checked her understanding of my role and then used picture cards about criminal justice process to introduce the idea of reporting to police. Used an emotions board to ascertain how she felt. She was adamant she wanted to tell the police and after discussing with her support worker and social worker, we agreed she had capacity to make this decision. I made sure she was aware of next steps and then reported the incident to the police from my car, as she did not want to be present.

13.30: Stopped for lunch in motorway services carpark before visiting another client. I had visited him before with police to tell him his abuser had died two years ago. He had started using alcohol and substances and was two-weeks dry. But he called me that morning upset, considering buying vodka, so we'd agreed I'd see him. On arrival I established that he hadn't been drinking and so we went ahead with the meeting. We talked about his coping strategies and filled in a chart with pictures for the following week of activities he could do. I also reminded him of his existing support network and positive choices he had made to cope with the news.

15.00: Dropped into office to pick up materials for last meeting but found an urgent call back request from a client struggling with daily suicidal thoughts. He was at a building he previously said he could jump from. He was not engaging with mental health services and had not been taking his medication as he didn't understand the labels. I talked to him until he got his bus home. I then called his GP to request a welfare check and to organise a dossier box.

15.30: Went to meet with LD steering group to get feedback and new ideas on leaflets, including one on reporting sexual offence to police with support of SAFE Link.

1c About the evaluation

This evaluation sheds light on

- how the LD ISVA service was adapted to meet need
- the range of clients supported
- the types of support provided
- the range of services the ISVA worked with to provide holistic support
- client outcomes
- services' views on working in partnership with the LD ISVA

The evaluation draws on various datasets:

- SAFE Link's Oasis case notes
- an interview with the LD ISVA
- information about cases from the LD ISVA (in which all names are changed)
- a closed and free-text question survey with services
- interviews with clients.
- And feedback from parents and carers

Quantitative data was analysed using descriptive statistics and qualitative data using thematic analysis (Braun and Clarke, 2006).

The service has a reciprocal referral pathway with specialist LD providers that enable the ISVA to access specialist support for survivors and work in a collaborative and holistic way.

2 How the LD ISVA adapted the service to meet needs

A key message from the LD ISVA service was that with the right tools, people with LD can be supported to report sexual violence and take up options such as going through the CJS. The responsibility is on the service, not the survivor, to adapt.

LD ISVA: What people don't understand about LD is that people do have capacity to understand complex information if someone spends the time to work out how that person understands things, what they need to do to explain it, and what kind of setting they need to provide.

The LD ISVA developed and collated resources suitable for people with LD, including leaflets, posters, and publicity.

LD ISVA: When I first do an appointment, I take a rucksack with different communication tools, including leaflets and sensory tools to relax people and to feel at ease when talking. It's not just about easy-read leaflets, it's about all sorts of different tools for helping people stay engaged.

The LD ISVA reported multiple ways in which she adapted the service to meet needs:

- Working with Social Services LD teams to access training and seek advice
- Online information about easy-read symbols
- Online information about how to assess needs around imagery and objects
- Speaking to intermediaries around how to adapt ideas into understandable formats

- Guidance from CPS, BILD (the British Institute of Learning Disabilities), and Mencap
- and Co-production: regular meetings to seek feedback from clients on what worked for them

In the first coproduction meeting, service users gave feedback on Rachael's 'What is an ISVA' leaflet, 'What is a forensic medical examination (FME)' leaflet and the SAFE Link/Missing Link complaints booklet. Information for people with LD about the CJS when reporting sexual offences is in preparation.

Figure 1: LD resources rucksack



Figure 2: LD leaflet



3 Profile of survivors accessing the service

3a Case loads

Between the start of service and the end of data collection (8th April 2019) the service had supported/was supporting 41 clients (27 cases closed and 14 open). The open caseload of the generic ISVA is 60-70, compared with 28 for a full time LD ISVA. The LD ISVA pointed out that sessions take much longer because clients' communication needs mean that she must give information at a slower pace; check understanding more frequently; and manage their wellbeing sensitively.

3b Referral into the service

Most clients were referred to the LD ISVA internally (via SAFE Link's general service). The second most common referrer was The Bridge SARC.

LD ISVA: Getting their views on things, making sure they really understand what your role is and what their choices are takes a lot longer. I've got one client and there's a small window, depending on how she's feeling that day, to talk about what we actually need to talk about. And to push for more than that would not be appropriate. I do in ten sessions [with a client with an LD] what I'd do in about one session [with a 'mainstream' client].

Table 1: referral into LD service

Referral into LD ISVA	#	%
SAFE Link general service **	15	36.6%
The Bridge SARC	10	24.4%
Other	4	9.8%
Self	4	9.8%
SARSAS	3	7.3%
Lighthouse	2	4.9%
Next Link or Missing Link	2	4.9%
Police	1	2.4%

As Table 1 shows, 15 clients were internal referrals from SAFE Link's general service.

Table 2: referral into SAFE Link general service

Referral into SAFE Link	#
The Bridge SARC	6
Other	5
Lighthouse	2
Police	1
Next Link or Missing Link	1

This table shows who made this initial referral.

3c Demographics

The service supported 34 women and 7 men, across a range of ages.

There was a range of LD presentations, which were sometimes self-reported and other times reported by other agencies and services. There was a mixture of formal and non-formal diagnoses. Some clients had multiple diagnoses.

Table 3 illustrates the types of disabilities and (suspected) diagnoses reported to the ISVA. Not all fit under the LD umbrella. However, the LD ISVA determined the type of LD and how it affected each individual client during meetings with them/their carers and through discussions with professionals.

Table 3: disability/diagnoses as reported to the LD ISVA

Disability/diagnosis	#
Mild LD	10
Autism	7
Asperger's	3
Attention deficit disorder	2
Global developmental delay	3
Illiteracy	2
Intellectual disability	2
Language / communication	2
Moderate LD	2
Severe LD	2
ADHD	1
Autism (severe)	1
Autistic traits	1
Borderline LD	1
Brain injury	1
Developmental delay	1
Dyslexia	1
Social and emotional LD	1
Undiagnosed LD	1

Table 4: client local authority

Although most clients came from the Bristol local authority (41.5%) a significant proportion came from BANES (17.1%) and Somerset (29.3%). Most clients (83%) were women.

Referral into LD ISVA

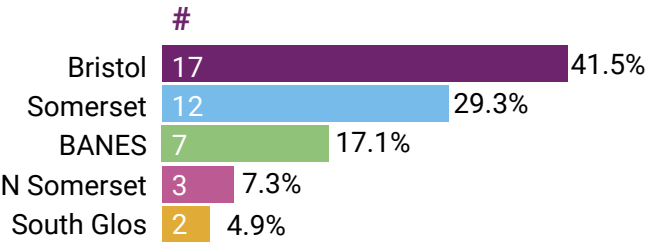
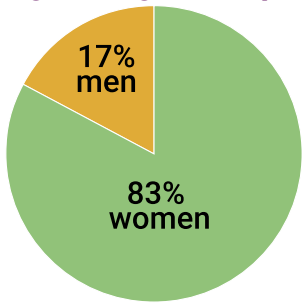


Figure 3: gender split



The average age was 34, although the majority of clients were aged between 21-30, which aligns with Avon and Somerset having the largest proportion of 20-24 year olds in the population and the smallest older population in the South West region (Voscur, 2018).

Table 5: age range

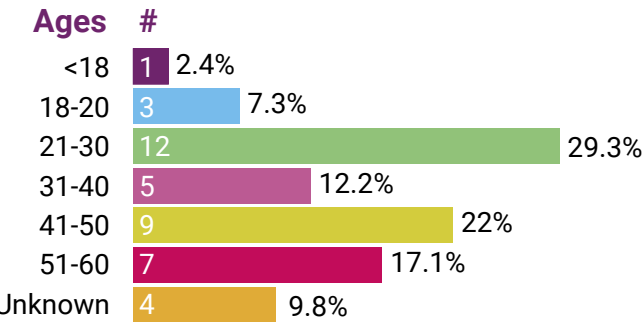
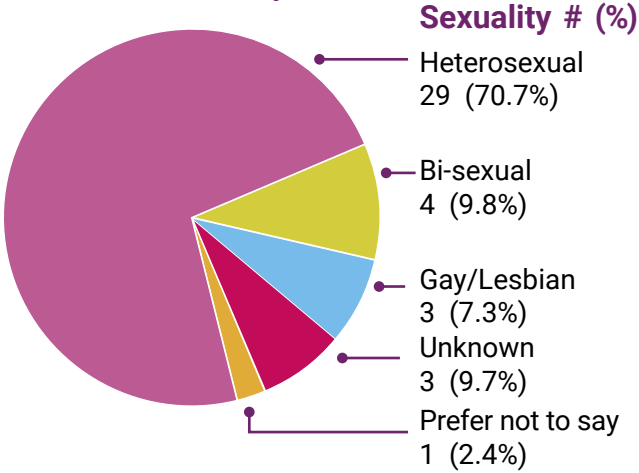


Table 6: sexuality



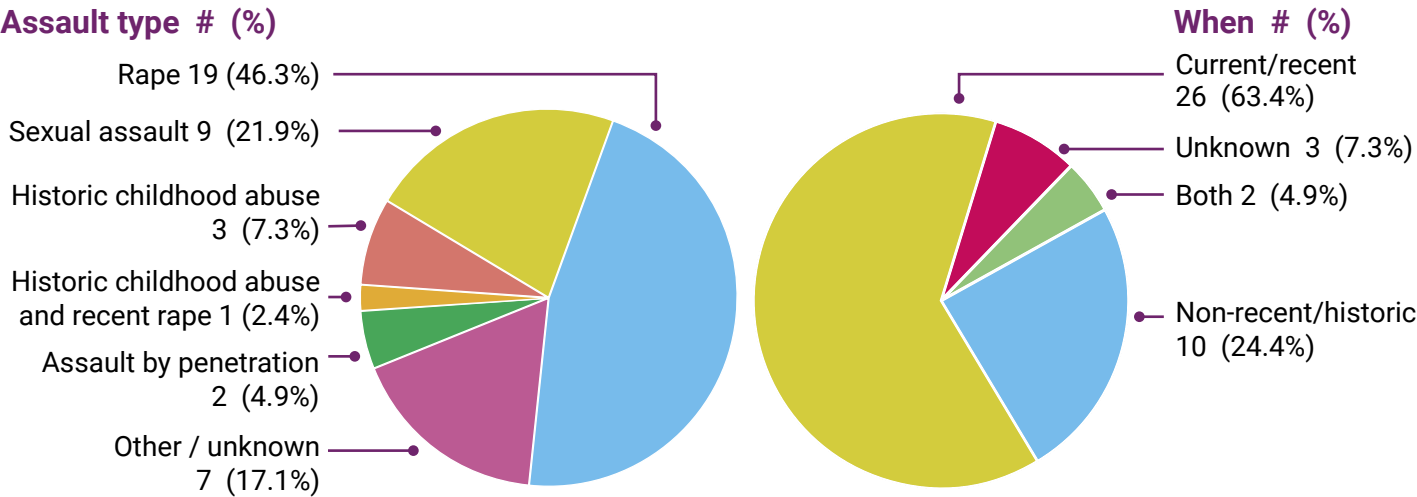
However a large proportion were aged above 41 (16/41, 39.1%). Most clients (70.7%) identified as heterosexual. Almost all clients were white British, with one Indian, one Asian other, and one Black Caribbean client (all women).

3d Assault details

The commonest form of assault was rape. This was followed by sexual assault. Several clients were also survivors of childhood sexual abuse. Most (26/41, 63.4%) of the clients

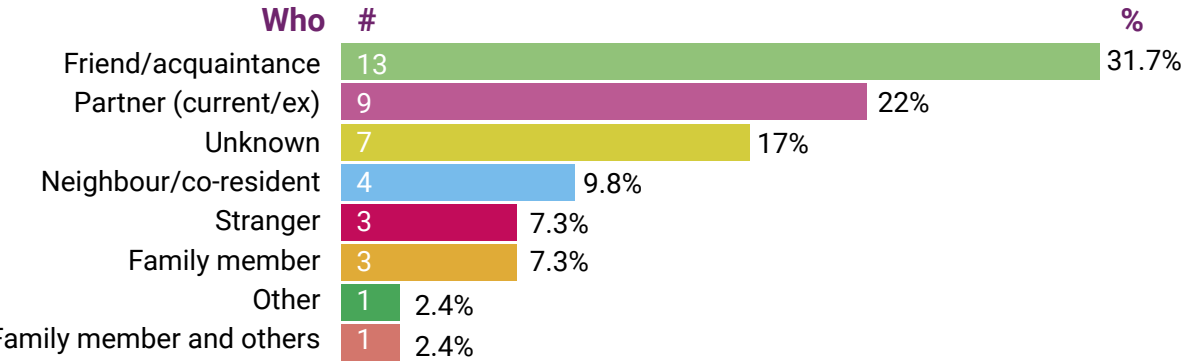
referred to the LD ISVA were seeing her for current or recent violence, although a quarter (10/41, 24.4%) experienced historic/non-recent violence.

Table 7: assault type and when
Assault type # (%)



In many cases the perpetrator was a friend or acquaintance. This was the case for 13/41 (31.7%) clients. The second most common perpetrator was a partner (current or ex) (9/41, 22%). In 6/41 cases there were multiple perpetrators.

Table 8: who the perpetrator was



This finding contrasts a 2016 report (Lovett and Kelly, 2016), which analysed data held on the general population by 18 Rape Crisis Centres across England and Wales where perpetrators were most commonly family members, followed by acquaintances and intimate partners.

Where location was reported (20/41) the most common places were in their home (6/41) followed by in a public space (6/41), the perpetrator's home (2/41) and in a car (2/41). **At least one client experienced violence in their supported accommodation.** As we explore later, finding alternative accommodation and ensuring safety at home that met needs was difficult.

3e Clients' multiple health needs, additional vulnerabilities, and co-occurrent abuse

All clients faced additional vulnerabilities: mental ill health; drug and alcohol use disorder; autism in addition to LD; repeated hospital admissions; financial vulnerability; disability related hate crime; and homelessness/temporary housing/being at risk of homelessness.

Most clients – 29/41 (70%) – had additional health needs.

Over half, 22/41 (53%) had mental health disorders, most commonly depression, anxiety, and post-traumatic stress disorder (PTSD). An important caveat here is that these are just the reported needs: many others will have experienced mental or physical ill health and not reported it to the LD ISVA.

Over half (17/31, 54%) reported to be experiencing concurrent abuse, often related to their LD (e.g. hate crime).

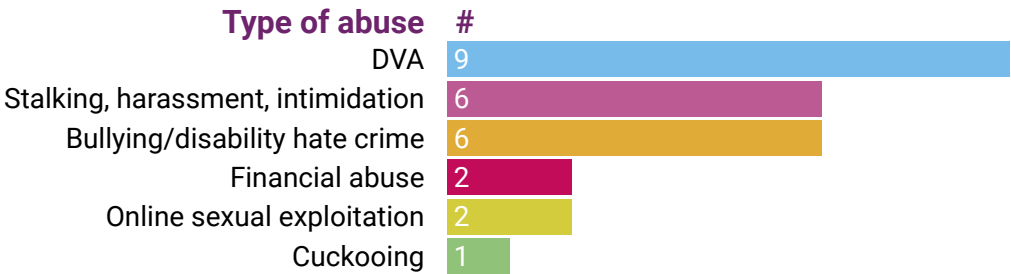
Most of the concurrent abuse was domestic violence/abuse (DVA) from a partner. Six experienced stalking and/or harassment, e.g. threatening phone calls from perpetrators and those known to them.

Five were experiencing bullying/hate crime related to their disability. Two were experiencing online sexual exploitation through dating sites. Two were experiencing financial exploitation from friends. Such exploitation was a particular risk if the client had won Criminal Injuries Compensation relating to the sexual violence: the LD ISVA supported clients in safety-planning around managing money in such cases.

Table 9: co-occurring mental health disorders

Referral into LD ISVA	#	%
Depression	15	21.7%
Anxiety	10	14.5%
PTSD	5	7.25%
Self-harm	4	5.8%
Alcohol use disorder	3	4.35%
Bipolar disorder	2	2.9%
Psychosis	1	1.45%
Dissociative identity disorder	1	1.45%
Borderline personality disorder	1	1.45%
Eating disorder	1	1.45%
Suicide ideation	1	1.45%

Table 10: co-occurring abuse



Although DVA (specifically, intimate partner abuse) in conjunction with SV is common (~24.8%, ONS, 2018) in the general population, people with LD can be especially vulnerable because they are often reliant on their partners to provide care. The case below illustrates an example of this problem.

Case example: vulnerability to abuse by carers going unrecognised

One of the LD ISVA's clients, 'Amy' had a partner who did not have an LD. This partner had taken on a caring 'parental' role making appointments for Amy.

The LD ISVA said

"That can disguise a lot of controlling behaviour. When the safeguarding process was started, the partner was brought into decisions as if they were her carer. There was sexual abuse happening, but that was being overlooked. And I think that was shaped by her having a LD."

Many clients were reliant on benefits and faced significant financial difficulties. 10/41 (24.4%) said they had some or significant financial difficulties. 4/41 (9.8%) also had insecure housing. The case below illustrates such an example.

Case example: support with housing

One client, 'Jill', who has a movement disorder as well as an LD and mental ill health has wanted to move home for a long time due to feeling unsafe at home. But finding the right placement for Jill has been difficult, because accommodation is unsuitable for her additional needs.

The LD ISVA said,

"For a lot of people, it would be 'do you want to go into a refuge or not?' For her, that wasn't an option. Going through the process takes longer, the system puts added stress on the person by making them stay where they are, taking away some choices."

3f Progression through the CJS

Most clients (35/41, 85%) reported to the police. 11 (26.87%) went to trial (including one awaiting and six precharge). Four (9.8%) of these resulted in convictions. These numbers are a vast improvement to those reported by Mencap, Voice UK and Respond in their 2001 report, where only 22% were investigated by police, 1% went to court, and 0.4% resulted in a conviction. The case below illustrates one client's successful court case.

Case example: successful court case

After three years of support, Gail's case was ready to go to court. The LD ISVA and Gail used drawing and painting to explore some of Gail's worries about court. Gail saved pictures of the SAFE Link logo and the art work they had done in her phone and would look at it at night if she had flashbacks or nightmares to try to ground herself in the present and remind herself of the support she has in place.

At court, the LD ISVA worked with the officer in charge (OIC) to arrange for Gail to give evidence via video-link from another court to reduce triggers. Gail had an intermediary who ensured adequate breaks were taken and who helped with communication. The LD ISVA was also in the room and would complete grounding techniques when Gail had flashbacks during giving evidence.

The LD ISVA arranged for the court to let Gail into the body of the courtroom for the sentencing hearing as the public gallery was not accessible for people with mobility issues. She sat with her during the hearing. The defendant was given 20 years imprisonment, with 5 years on an extended licence, and was placed on the sex offenders register for life. Gail was supported for a further 6 months with help with an application to the criminal injuries compensation authority (CICA) and her recovery from the trial's impact on her mental health. A year after the court case, the LD ISVA received a text from Gail:

"Hi, I know our support is over, but I just wanted you to know I still have the photos and the posters we made are still on my wall. They still help me so much. Sometimes I just look at your number in my phone and it makes me feel OK and reminds me of what I can do if I put my mind to it. I still have a long way to go but I am doing so much better now. I hope you are still rocking life."

4 Range of support the LD ISVA provided

The LD ISVA provided a range of types of support to clients. **Each client needed extra visits, more frequent visits, and more face-to-face discussions than clients from a general ISVA caseload.** Extra time was dedicated to seeing clients who struggled with phone conversations face-to-face, to assessing communication needs and to communicating at a more suitable pace and/or using pictures. The ISVA's smaller caseload enabled her to spend this extra time with clients.

LD ISVA: Having more face to face appointments has been brilliant. It has enabled certain people to engage, whereas before they definitely wouldn't. I wouldn't have had the capacity [for face-to-face meetings] before, with 70 people on my caseload.

For each client, the LD ISVA was asked to name the top three types of support she offered. The most commonly cited types of support were with the CJS, emotional support, and safety-planning. The figure below shows the commonest types of support. The support provided around the CJS and with healthy relationships is outlined in more detail below.

Figure 3: most common types of support provided



4a CJS: additional challenges when client has an LD

Clients' LD meant that the LD ISVA needed to supply extra support around the criminal justice process. All aspects of the process took more time than usual, and clients faced more challenges and obstacles getting through the system. The below outlines how the LD ISVA supported clients with police interviews and FMEs and in court.

i) Police/CJS challenge 1: Clients were sometimes unable to do police interviews without adaptations, such as an intermediary. The LD ISVA had to flag up with police officers that they needed to arrange these adaptations.

Getting an intermediary appointment could take months. The LD ISVA supported clients during this delay. She spent time liaising with different services and agencies to explain why certain processes (such as arranging interviews with intermediaries) needed to be sped up, while others (such as giving evidence) needed to be slowed down. While liaising, the LD ISVA took time to make sure these services kept clients' wishes at the centre of any decisions made.

LD ISVA: The things we would try to do for someone, like giving them choice like, 'are you ready to do a video interview now? Let's try to arrange in next couple weeks then.'. It's not like that if there's an intermediary involved. "When is there time the intermediary can do it? Two months' time. Right that's when we're going to do it and hopefully, you'll still feel in a place at that point to be able to talk about it. It's really difficult for people sometimes.

The case below illustrates how the LD ISVA supported clients when intermediary appointments were delayed.

Case example: support when intermediary appointment is delayed

This client, 'Maria', had physical disabilities and a learning disability including a diagnosis of autism. Maria lived in supported accommodation and the perpetrator lived in the adjacent property.

She was struggling with living near the perpetrator and felt isolated. She had to wait a number of months before completing her 'achieving best evidence' (ABE) interview due to the wait for an intermediary.

The LD ISVA said that she would meet Maria every week during the first three months of support while waiting for an ABE. The delay had a huge impact on Maria's mental health so they discussed coping strategies for her to deal with anger, feeling low, and self-harm.

The LD ISVA also introduced coping strategies to help with nightmares and sleep problems. She then liaised with partnership agencies to put further emotional support in place.

ii) Police/CJS challenge 2: Clients sometimes had had communication and cognitive tendencies that made the police's standard interviewing techniques inappropriate.

These tendencies include wishing to please people in authority; suspicion or aggression; acquiescence; compliance; suggestibility; confusion; and impaired reasoning. Clients might also have limited vocabulary with which to express themselves; might not understand certain words; and will not always say, nor ask for clarification, when they have not understood

(Beckene et al., 2017; Ministry of Justice, 2011;). These tendencies can lead people to inaccurately answer questions, particularly leading questions, which police interviews and cross-examination in court often use (Beckene et al. 2017; Green, 2001;).

By adapting interview techniques, as the LD ISVA recommended, police can support people with LD to act as accurate and reliable witnesses. As the below case illustrates, interviews in this style can take much longer than those for the general population.

Case example: arranging multiple ABEs

One client, 'Tina', processes information slowly and needs time between ABEs. The LD ISVA arranged six ABEs over a year. She worked to arrange everything at a time that suited Tina, and to ensure she felt at the centre of the process, with the power to make decisions.

The LD ISVA acted as the point of contact between the OIC, intermediary, and Tina. These professionals were happy to take things at Tina's pace.

The LD ISVA also met with Tina between ABEs for discussions around how talking about abuse was affecting her, and to ensure she was making disclosures in a safe way, only when ready. In a few instances, an interview was booked, but the week before, something happened in Tina's family life that affected her mental health. The LD ISVA rearranged interviews in these cases, in partnership with the client.

Alongside this, the LD ISVA supported Tina to access a formal diagnosis of her condition, as it was felt that a diagnosis would enable access to further specialist support.

iii) Police/CJS challenge 3: Clients with moderate/severe LD potentially lacked capacity e.g. for speaking to police and to give consent to FMEs.

Services/agencies' views about the capacity of people with moderate/severe LD to talk to the police sometimes clashed with what the client wanted. In these cases, the LD ISVA worked with LD services to find out what support was already in place for the client and what decisions they had already made and why.

Where appropriate, **the ISVA persevered to ensure that the client's capacity was properly assessed and recognised, and that their wishes and best interests were central to any decisions made.**

LD ISVA: You've got people assessing capacity saying they don't have capacity to decide if they want to talk to the police when the client is telling you day in day out that they do want to go to the police...A big challenge has been trying to balance that, trying to keep at the heart of it what SafeLink is about: making sure that person's choices are at the centre.

I've learnt to persevere if I feel convinced on someone's choice--if they're telling me their choice consistently, if they're explaining what they think the outcomes might be, they're accurate. That shows that they've understood it.

The below case illustrates how the ISVA supported clients in such situations.

Case example: FME when client potentially lacks capacity

In 'Harriet's case, the SARC would not carry out an FME, because there were doubts over her capacity to consent. The LD ISVA requested that adult social care do a capacity assessment. She then liaised with the LD nurse around the best way to go about this process. To inform their capacity assessment, they felt the client needed pictorial information on the FME process and a familiarisation visit to the SARC where the FMEs take place. The LD ISVA developed pictorial information with SafeLink's steering group, the SARC, and the LD team.

The LD ISVA also arranged familiarisation visits to the SARC and a follow up meeting to check understanding. Before this, the LD ISVA arranged two visits to ensure Harriet remembered who she was and what her role was.

The LD ISVA also worked with Harriet's speech and language therapist to produce some picture cards to use with Nextlink DVA agency, to talk about safety at home.

The LD ISVA also worked with LD team to make sure timely capacity assessments were conducted when there was no clear reason for any delay, as the below case illustrates.

Case example: different ideas around capacity to speak to police

The LD ISVA spoke to one client, 'Angela' about talking to the police and felt that the client had understood the information.

Angela told the LD ISVA on three occasions that she wanted to talk to the police. Despite also telling the social worker two months previous, Angela had not been given the chance to talk to the police. The LD ISVA tried to find out why. She spoke to social workers and the police and determined that although a capacity assessment had been booked in, it had not been done.

The LD ISVA suggested that they assess capacity in the next week or that she and Angela would go ahead and speak to the police based on professional judgement. The social workers agreed that talking to the police would be a good idea.

iv) Police/CJS challenge 4: Clients with LD find that not only is cross-examination retraumatising, it is not adapted to their communication needs. Moreover, juries perceive people with LD as lacking competence and reliability.

In court, even with the best support victims with LD often find the experience very intimidating which can impact on the way they present and because of communication issues they are often seen as poor witnesses which can influence whether they are believed by the jury.

People with LD and their carers can find court especially difficult. Beckene et al.'s (2017) research shows that because of these issues, people with LD feel they need support before and during the court case. **The LD ISVA provided this support, as the following case illustrates.**

Case example: explaining the trial process and a not guilty verdict

With 'Bryan', the LD ISVA arranged with police for a pre-court visit and ABE viewing to happen over two consecutive days so that she could check understanding and ensure Bryan was not overloaded with information.

The LD ISVA adapted the pre-trial visit so that it was delivered in a way he could understand. She arranged multiple visits

around the time of the verdict to try to explain a not guilty verdict, which he struggled to understand.

She continued liaising with his support workers to try to make sure that clear and consistent messages about the verdict and his safety were being conveyed.

Overall, the ISVA's support meant that people with LD were better able to go through the police and court process and it led to more successful outcomes.

LD ISVA: We can engage well with more people with complex needs and provide a good level of support, so more have stuck with the police process. And they have had more choices in the police process rather than someone just reporting on their behalf, being told that it's going to video interview, being dragged through that process. It goes at their pace. We advocate for what people want.

4b Sex and relationships education and consent

A significant risk factor for people with LD is lack of sex education. Research has shown that parents and carers mistakenly believe that restricting access to sex education is the best way to protect people with LD from sexual abuse. However, this approach leaves people with LD with a limited understanding of sexual behaviour and sexual violence (Olsen and Carter, 2016). Sexual safety is better protected when LD services recognise sexuality. Teaching people about sex and relationships can help empower them to give or deny consent; engage in safe, healthy and happy sexual relationships; and teach them the language with which to describe and report experiences of sexual abuse (Acton 2015; Sinclair et al. 2015). This formed part of the LD ISVA's role.

The LD ISVA found that in general, younger people had a better understanding of 'body parts', their functions, and their differences across men and women. Often, no one had spoken to older clients about these issues before.

I had one older person who hadn't had anyone really go through that with her. I did it over a couple of sessions. On the second, I used a booklet, that had lots of pictures in it, naked bodies, and she found it hilarious. It made it quite light-hearted and fun. I needed to go back to it another time.

The LD ISVA said that teaching people about giving consent could be difficult.

LD ISVA: People say, 'yes is yes and no is no', but in a practical sexual situation, [giving consent] is very puzzling for people.

The LD ISVA focused on empowering people to say no and to be confident in these decisions.

LD ISVA: If they don't want to do something that's okay, or if they do want to do something that's okay: reminding people they have choice.

Talking to people about healthy relationships and sex education in an accessible way can be difficult, but the LD ISVA was able to take the time to pace discussions over several sessions and to seek out and share appropriate resources.

5 Client outcomes and feedback: statistics and interview quotes

Client outcomes and feedback were overwhelmingly positive. All clients experienced significant increases in their coping and recovery as Table 11 illustrates.

Time 1 (T1) shows scores just before the ISVA began her support, and T2 at case closure.

Table 11: client cope and recover scores over time

Assault type	Start mean score (T1)	End mean score (T2)	% change T1/T2
# of clients with scores	35	27	—
1) Improving health and wellbeing – including mental and physical health	2.2	3.4	56.6
2) Increasing safety and perception of safety	2.4	3.4	43.5
3) Re-integration: enabling survivors to lead full and fulfilled lives	2.6	3.4	28.2
4) Feeling informed - knowing what services are available and being kept up to date	2.2	3.7	66.9
5) Improved experience of the CJS	2.2	3.0	36.5
TOTAL	11.6	16.9	45.7

Three clients offered to be interviewed—two in person and one by telephone—to share their thoughts about the LD ISVA service. From thematic analysis of their interview data (Braun and Clarke, 2007), four key themes emerged, summarised in Figure 4, which shed light on how the service supported and empowered them. Themes are illustrated by client quotes below (in which names have been changed).



5a Theme 1: The LD ISVA significantly improved health and wellbeing through providing enduring emotional support

Clients discussed that they experienced mental health crises and the ISVA provided support throughout these, as well as emotional support more generally:

David: When I first started meeting [the LD ISVA], I was all over the place. There was a lot of things going on, and it was too much for me. I was trying to kill myself, drinking a lot. But now I'm not drinking that much, in detox, not doing what I used to do. I'm a lot calmer. So, she's helped me out a real lot to get me where I am today.

I know I can walk out the door and I'll be walking out with a smile on my face...I'm looking forward to the future. Before I wasn't. So, she's helped me change myself.

If I'd wouldn't have met [ISVA] and SafeLink, I don't know if I would have been here today.

Alan: I've had suicide situations with [ISVA] on three occasions and she's stayed on the phone with me. I would be deceased without her.

One client gave her feedback directly to the LD ISVA. She said that the LD ISVA service was unlike other services or other people in her life. With the LD ISVA, she felt supported and in control:

Sonia: Every time I meet you, you don't judge me. Everyone else tells me what to do and sometimes I feel so suffocated that I want to suicide. But you always listen and make me realise that I have options and make me feel more in control.

Another client similarly said that the ISVA service was unlike any other in the level and type of support it provided:

Peter: She's been more helpful to me and more supportive than any mental health person has been in the last 15 years. What's different about her is that she seems interested. She wants to help and help me get to the truth of what happened to me as a child and what happened to the original court case.

Clients felt that the LD ISVA service adapted to meet their needs in a way that other services and agencies did not:

Claire: Even though I can say to doctor 'could you talk in easy words?', It doesn't stay in the brain so then it would need to be written down. The doctor could be busy, and she might not have time to do that. It's difficult.

5b Theme 2: The LD ISVA service provided clear and consistent communication, adapted to clients' needs

Clients said that the LD ISVA made complicated and daunting processes, such as police interviews and CJS processes, clear. They valued the fact that she communicated with them and supported them in a way that was adapted to their individual needs:

Michael: We met mostly face-to-face, because I did tell [ISVA] from the start, I have problems reading and writing, and paperwork is not for me.

It's mostly face to face or over the phone and that's ok cus I know [ISVA], cus I know what she looks like. if I didn't know [ISVA] it'd be [difficult].

Clients said they found police interviews difficult—both understanding the processes and coping with them emotionally. But with the LD ISVA's frequent and consistent support, they reported feeling more able to manage. Importantly, clients said that the LD ISVA made decisions in partnership with them. She made them feel included and put them at the centre of all decision-making:

Anne: It's been clear, I've felt included. Everything is in my control. If I get upset at interview, she's kindly let me know that I can come out and take breaks in stressful times. She's said things that's made me feel comfortable... She's always asked me if I need to meet up outside the interviews. If I'm feeling like I need to talk to her she's said I can ring her. She understands people with LD she's been very good. Nothing confusing. She's very knowledgeable, she knows what she's saying.

Simon: She held off police interviews initially. That worked. I wasn't ready to speak to them. She was helpful pushing it back until I was ready. [ISVA] knew I was having a massive breakdown with the police. [What helped me was her] being there with me. I'd never spoken to anyone. She was someone I could turn to and trust and speak whatever I need to speak about. After the police, we were seeing each other once a week cus that was a big one, but now it's once a fortnight.

We change it a bit depending on what I need at the time.

Julia: I was going through bad patch, flashbacks, and ISVA helped me access the police officer who deals with historic child abuse. She supported me through my interview with the police. I found it useful her being there in case I needed somebody there. I've had no one else to talk to, no family support, no mental health support. She would ring me to tell me what would happen next and where they were with the case. She was easy to understand, calm and collected. I don't know what I'd have done without her.

5c Theme 3: The LD ISVA service led clients to reintegrate into communities and gain confidence

With the LD ISVA's encouragement, clients felt more able to get involved in meaningful activities in the community and at home, as well as around personal development and health:

Billy: My mind's set on my own place getting it ready, brand new start for me and this is what I'm going to do. Usually I stayed in my room. I wasn't socialising with anyone. I find it hard to trust men, so I stay away. But now I've got my new place and I'm concentrating on that, painting. I'm working towards healthy goals with the gym. She wants me to do a cooking class. I can only try it! That's all I can do. If I don't try it one time I'll never know.

Linda: Working with [ISVA] has helped me gain confidence. She's encouraged me to come to the community centre, which is nice. And there's a [support] group, it hasn't started yet, but [ISVA's] asked if I'd like to join. Sounds really interesting. It'll be good when that starts. She's talked to me about volunteering and work and has given me some information, so I would be interested in that.

The LD ISVA also encouraged clients to make time for self-care.

Beckie "After the [police] interviews, she's said, 'what things are you going to do now? Are you doing to do some nice things?' That's really nice cus it breaks up the other bit. Sometimes it's good to try to do nice things to keep going."

6 Impact of the LD ISVA service on partnership work with other agencies

The LD ISVA also encouraged clients to make time for self-care.

5d Theme 4: Recommending the LD ISVA service to others

All clients said they would recommend the LD ISVA service to others.

Sam: If I ever hear, and I have heard from people about stuff that happened to them their past, I pass on Safelink's number because of my experiences, I recommend her.

Anna: I'd recommend her to people she can help them take control in their lives around their situation She's been there for more. Good advice. She's been fantastic actually. I've felt very comfortable with her.

5e Additional feedback from parent/carers

Parents and carers added that the LD ISVA was a unique service that understood the child/guardian's learning needs and provided support around sexual violence in a way no other service had.

Carer: I can see it has made a real difference that she is treated like an adult. The emotions pictures you used made her actually feel listened to. I don't think anyone else has actually stopped and worked out how she feels about this before.

Parent: Thank you for all you have done. You have done so much to help both of us and made the whole horrible process so much easier for the whole family. It's so good to know these services are out there to help people like my daughter.

The LD ISVA provided specialist advice to professionals and raised awareness of sexual violence within the LD community.

Before the LD service, people with LD would disengage from sexual violence services, including SafeLink, because staff did not have the time or resource to meet their learning needs. Moreover, LD services did not have enough skills or expertise to deal with sexual violence.

Alongside giving support to the survivor, her role also had an education function within the wider care community.

LD ISVA: People with LD fall through the gaps of support. LD services don't have sexual violence knowledge and sexual violence services don't have the LD skills.

Going to things like FME, counselling assessments, and sexual health appointments, you see from the client's point of view how overwhelming that is. So many services don't have any adjustments and don't attempt to understand what the person's communication needs are and if they really understand something.

I've been really happy I've been there with people. I can say 'hang on, stop, do you understand what that means' (no) 'can we just go over that again? Maybe explain that in this way.

The LD ISVA worked across all social care networks and often found a recurring theme of many professionals not considering people with LD as being targets of sexual abuse and/or they had a perception of them not being sexually active.

LD ISVA: In a couple of cases, I think the assessment and safety-planning was affected by the fact that the service thought the sexual abuse wasn't as serious as the person was presenting. The service didn't see the client as someone anyone would want to sexually abuse because they have a LD: they don't see that person as a sexual being, having sex in the community or other people taking advantage of them for sexual purposes.

People who work with LD need equipping to respond to disclosures better and to know what support is out there and how to use it appropriately.

Non-LD professionals were often extremely nervous around disclosures and talking with the ISVA increased their knowledge and confidence. This enabled them to respond in an empowering way rather than wanting to take things out of the client's hands.

In one case, staff within a supported living residence expressed victim-blaming attitudes focused at the survivor's LD, and the LD ISVA spoke at their team meeting to deliver some training around increased vulnerability to abuse that can be caused by having LD. At other times, the LD ISVA has challenged professionals who have doubted the survivor's account by suggesting that their memory or perception of what happened may not be accurate because of their LD.

As section (3) has outlined, the LD ISVA has worked alongside the police to offer ideas about effective communication and ensuring understanding when speaking to a survivor with LD about sensitive and complex matters related to sexual violence. The LD ISVA is also working with other specialist sexual violence services in the area to consider and improve gaps within services around accessible information.

Some of the key services with whom the ISVA worked, who were involved in clients' cases, are listed in Table 12.

Table 12: some of the different services involved in client's cases

Service type	Service type
CJS	Lighthouse victim care Police
Mental health	Child and adolescent mental health service (CAMHS) CPNs Community mental health teams Mothers to mothers North Somerset mental health recovery team Positive step psychotherapy service
Alcohol/substance abuse	Bristol Drugs Project LD Link Workers
Physical health	GPs Health coaches
LD services	AVoice advocacy service Bristol city council LD support worker Cintre communities Community learning disabilities teams Dimensions social care LD nurse Milestones Realise (Somerset care group LD service) Sweet surprise day centre Supported independence Bristol Tomorrow's people support worker Your say advocacy service
SV services	The Bridge SARC SARSAS
Social services	Social services (children) Social services (adult) Social care
Housing	CURO housing (B&NES) Extra care housing unit Priority adult care (supported housing B&NES)
Work	Voluntary workplace co-ordinator
Other	SARI (Hate crime and discrimination service)

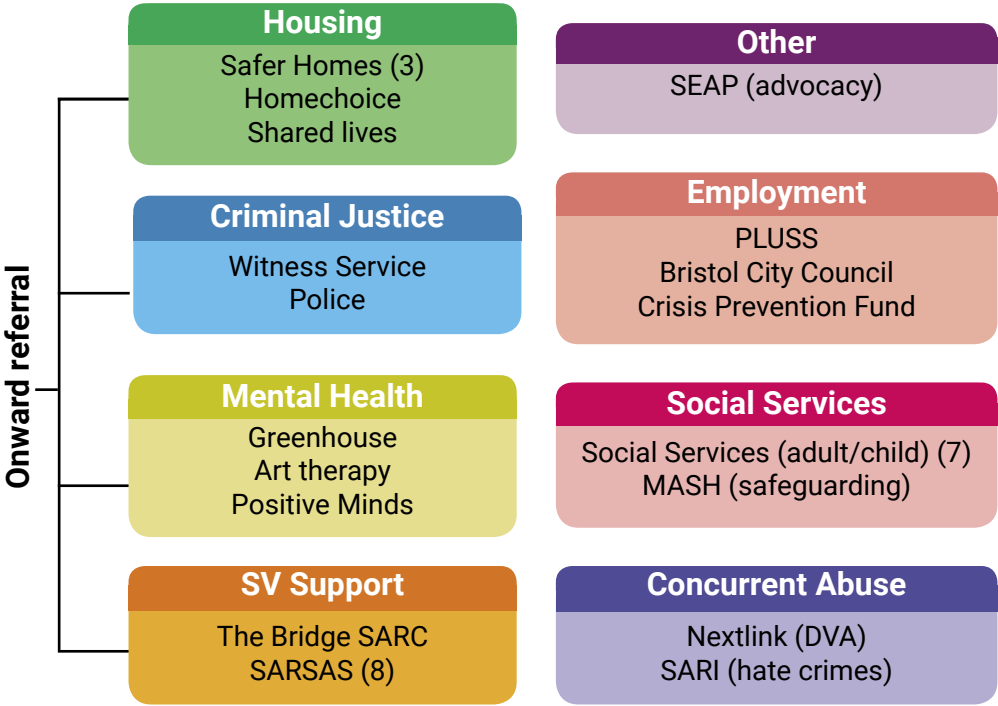
7 Other services/agencies' views on the benefits of the LD ISVA

Examples of successful joint working included:

- Police, Community Learning Disability Team Social Workers:** the LD ISVA has reported to the police on behalf of a survivor with a severe LD. Emotions cards and a CJS picture sheet were used to make a professional judgement decision on understanding and capacity around the decision to report. The LD ISVA consulted with the Community Learning Disability Team social workers around managing the impact on the client. The client is now waiting for an intermediary assessment.
- Bristol Community Links Learning Disability Drop-in.** After a survivor with LD and mental health issues disclosed historic childhood sexual exploitation at the drop-in, the ISVA attended joint appointments in a private room at the drop-in, providing information and support around police processes, slowly, over a number of appointments. The ISVA worked with the survivor's existing support worker to build trust in police and create a safety plan with the client, who subsequently felt ready to complete her ABE.
- SARI and Homechoice:** a client disclosed that he had been a victim of a number of hate crime incidents. The LD ISVA helped him to report these to the police and set up a joint meeting with SARI to support him. She worked with his mental health support worker from the South Bristol Mental Health Recovery Team to put a safety plan in place, as well as writing a supporting letter to Home Choice and referring him to Shared Lives for a possible short-term accommodation option.

The LD ISVA service referred on to various other services, most commonly social services (adult or child) and SARSAS. Figure 5 shows the most common onward referral routes.

Figure 5: referrals onwards from ISVA service (the LD ISVA made 1 referral to each service, unless otherwise stated)



The next section outlines some of these services' views about the LD ISVA service.

As well as overwhelmingly positive client feedback, other services spoke highly of the LD ISVA service.

A survey was sent out to numerous services with which the LD ISVA worked. There were 15 responses. One question asked, 'What are the key benefits SAFE Link's LD service has provided to your service/agency and clients? Some responses are shown below:

- "Patience and complete understanding." (Missing Link Recovery Navigator)
- "Helping victims feel empowered." (SAFE Link General ISVA)
- "Specialist support for the client and other professionals working with the client, so that they can support them in a better way." (SAFE Link General ISVA)
- "The ISVAs have this specialist knowledge around the legal system that when working together with emotional support with SARSAS is excellent." (SARSAS LD worker)
- "Sharing processes; networking; advocacy; providing easy-read material." (Bristol Community Health, Community Learning Disability Nurse)
- "Emotional and safeguarding support to our mutual client when mental health & GP services let him down." (seAp advocacy advocate)
- "Offering emotional support; listening to service users; explaining things in an accessible way; reassuring service users that they are not alone; and empowering service users." (Care advisor, Bristol Community Links)

Respondents were also asked to answer several questions about the views of the ISVA service. Services said that the LD service had led to better outcomes for their clients, better coordination of care, increased awareness around sexual violence among people with LD, and better information-sharing and partnership working with other services.

100% agreed or strongly agreed that

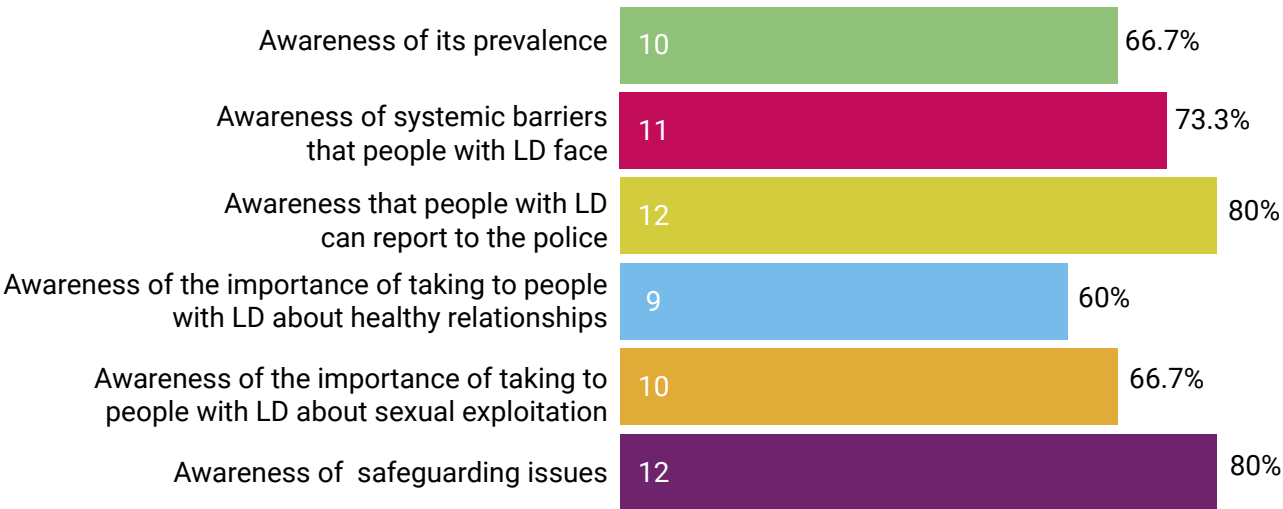
- the service empowered client(s) to make informed choices following their experience of sexual violence
- led to their client(s) engaging, coping, and recovering from their sexual violence experience
- led to better coordination of care
- raised awareness of sexual violence among people with LD
- met an unmet need for people with LD
- improved information-sharing between agencies/services
- led to fewer clients falling through gaps in services
- has worked well in partnership with their service/agency
- has had regular and clear communication with their service/agency

Almost all agreed or strongly agreed that the LD ISVA service has

- has a clear referral pathway (two disagreed)
- has a clear role, responsibility, and support package (one disagreed)

Respondents were asked to say in what ways the LD ISVA ser raised awareness of in relation to LD and sexual violence. Figure 6 below shows their answers.

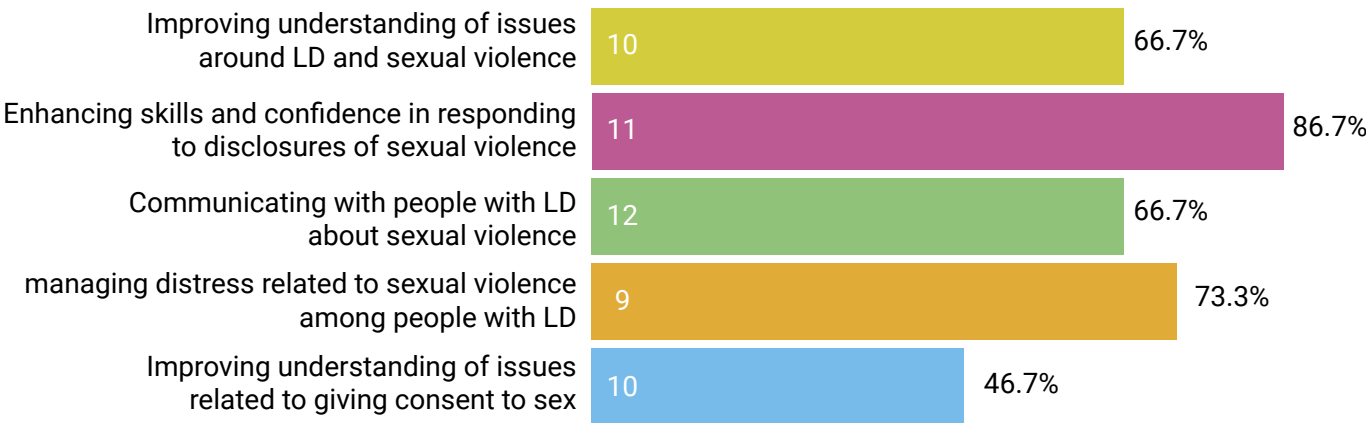
Figure 6: ways in which the LD ISVA service raised awareness among other services/agencies



Multi answer: percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option).

Respondents were asked to say in what ways the LD ISVA service helped them/their service reflect on or adapt how they respond to the needs of people with LD after sexual violence. Figure 7 below shows their answers.

Figure 7: ways in which the LD ISVA service helped services reflect on or adapt responses to people with LD who experience sexual violence



Multi answer: percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option).

Some respondents gave more detail about their views, which were again all positive. **They said it was unique, much needed, and effective:**

Support worker: It is such a nice feeling to know that services like yours exist that really take time to make sure people with such complex needs can have the same opportunities as others. She would never have reported what happened without you. Talking to the police just wasn't something I ever thought she'd feel ready to do. She just thought they wouldn't believe her. When she got bad news from the police, you explained it in a way I would never have been able to, with such empathy and care, and I think that completely changed how she dealt with that difficult ending.

Other services emphasised how much the LD ISVA helped clients through various processes, such as reporting to the police and claiming CIC:

Support worker: You have helped her to apply for compensation, really thinking about the risks it might cause her having so much money, ensuring she has all the right support in place. She never would have known about this if you hadn't explained it over those few meetings. All the things you have done with her have really transformed how she sees what happened and I think she is beginning to feel like people do want to listen.

Care advisor (Bristol Community Links, Central Drop-in): The LD ISVA has helped them in many different ways. She has spent time and been patient in getting to know the service users. She has offered emotional support and explained police processes in an accessible way. Without the support from Safelink, the service users would not have gained the confidence and felt empowered to speak up for themselves.

Detective: Working with some of the most vulnerable victims, it is reassuring to have Safelink's LD service involved in victim care.

Clients also thought the ISVA worked well with other services providing care and support.

Alan: She's worked with police, mental health, my advocate...my advocate has been very impressed with her.

8 Conclusions and key learnings

The evaluation demonstrates the service is successful and has broken new ground in the support and protection of survivors with LD. By having a dedicated LD ISVA it has raised the profile of rape and sexual abuse within the LD community and given survivors a clear message that their experience matters. Prior to this service, there was a vacuum in support for survivors with LD, which left them out in the cold and vulnerable to repeat victimisation. The evaluation shows that the LD ISVA role is a genuine commitment to inclusion and should be an integral element of any ISVA service.

The service has verified that with a person-centred approach, survivors can articulate their experience and make informed choices about their future. Key to reaching survivors with LD is that services change their model to meet their LD needs, and not expect them to 'fit into' existing generic services. To ensure these changes are authentic they need to be informed by the survivors themselves and coproduction is vital.

Key learning

The role of an LD ISVA encompasses more activities and tasks than a generic ISVA. It is much wider than supporting the survivor, with family/carers and professionals all requiring intervention. There is a strong awareness-raising and training component for professionals in the role, coupled with sensitivity to parents and carers. Raising awareness, challenging assumptions, and presenting alternative viewpoints requires diplomacy and compassion.

The understanding and needs of the survivor guide the pace of work. Face-to-face support, which has proven to be the most effective way of communicating, and survivor-led decision-making take time, and both require the LD ISVA to have a smaller caseload.

There is still much work to be done with Police and CJS to improve their understanding and response to survivors with LD. There are pockets of good practice, but overall survivors with LD do not fare well in the CJS.

Professionals and family members/carers can inadvertently limit survivors' choices and they need help to respond appropriately to disclosures. A lack of understanding of sexual vulnerability leaves survivors open to repeat victimisation.

Having a range of resources, including easy-read literature, is essential for survivors to communicate what has happened to them and to understand their options. The costs of these should factor into the budget for the ISVA post.

The emotional impact of rape and sexual assault cannot be over emphasised. For a survivor with LD, the experience is compounded by communication and comprehension issues and they can face discrimination when they ask for help. The interplay of these factors makes the post of an LD ISVA even more essential as an effective and inclusive response to rape and sexual abuse.

9 Overall conclusion–SAFE Link and Womankind's partnership working

Our successful partnership has been built on mutual respect and our commitment to work to our shared values of providing high quality, accessible services which place survivors at the centre of their support.

The two services worked well in partnership.

The LD ISVA met and delivered training to a new cohort of Womankind befrienders about the SAFE Link remit; the ISVA team's work; and the CJS and what this could entail for survivors. There have been regular meetings with Womankind to share good practice.

SAFE Link and Womankind's CEOs and managers agreed upon eight indicators for monitoring their partnership and felt that they had achieved each of them:

- (i) mutual respect
- (ii) recognition that each party makes different contributions
- (iii) roles and responsibilities clearly agreed
- (iii) transparency with regard to financial matters
- (iv) reciprocal accountability
- (v) transparency of decision-making
- (vi) recognition of services' other partnerships
- (vii) relationship and achievement of mutually agreed goals regularly reviewed
- (viii) and ability and willingness to learn from and act on the outcome of monitoring/evaluation.

Both service CEOs and managers thought the partnership a great success.

We have established a good partnership and know that working together helps us to achieve our goals and also brings greater benefits to clients who need specialist support. For example, we have strengthened referral pathways and have been able to help protect more vulnerable clients from re-victimisation as we have been able to put in safety plans at a much earlier stage by working more closely together.

Working in partnership has not only benefitted survivors/victims of sexual violence but has also benefitted our organisations in terms of sharing resources, expertise and peer support for delivery staff.

Carol Metters MBE, SAFE Link CEO

Kyra Bond, Womankind CEO

10 References, helpful abbreviations and acknowledgements

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Helpful abbreviations

ABE – achieving best evidence	ISVA – independent sexual violence advisor
BANES – Bath and North East Somerset	LD – learning disability
DVA – domestic violence/abuse	OIC – officer in charge
FME – forensic medical exam	SARC – sexual assault referral centre

Acknowledgements

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